U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 17668	2. Fiscal Year Covered From:	
	[] / [] / 64 Through: 12/3/ / 04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name JACK O EARLEY	Name CARPALANS PISTCILT GRADUL OF KANSAS CITY TO	
	Labor Organization File Number 1226-389	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 625 W. 39 TH 57 REXT	Street 625 W. 39TM 51CoT	
City KANSAS CITY	City KANSAS CITY	
State	State Mo. ZIP Code + 4 CHILI	
Position in labor organization. BUSINUSS REPRESENT	Ф. 1981 — при	
(except as specified in the exc	lusions set forth in the Instructions):	
Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of	
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Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	r derived income or other economic benefit of iton represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)	
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Name of Person Filing JACK O. EARLEY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name CALPONTOR PISTALET CONNEIL OF KC HVK. APPROVISHIP TRANSCE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 105 w. 12 TH AVE. City W. IK Aus AS CITY State MO. ZIP Code + 4 64/16	b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	PROVIDES APPRONTICESHIP AND JOURNEYMAN TRAINING
Street	11.b. Approximate dollar value of such dealing.
City	11.b. Approximate dollar value of such dealing. 2,255,100 12.a. Nature of interest held or income received.
State ZIP Code + 4	ATTENDED APPROMICUSHIP BRADUATION WITH MY WIFE 10-23-04
	12.b. Amount. 80
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	ler parts A and B above) y or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing JACK O. EARLEY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name CARPENTAL DISTRICT COUNTIL OF K.C. + VIC. HEALTH WELFARE FAND Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
Street 3100 BROADWAY, 54174 805 City KANSAS CITY State MO. ZIP Code + 4 (4111)	
Julio Oute 14 (Lagrange Lagrange Lagran	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	ADMINISTRATION OF HEALTH/WELFARE BENIFITS FOR UNION MEMBERS
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 34, 303, 380
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	AS FUND TRUSTEE ATTENDED EDUCATION SEMINAR BY INTOKNATIONAL FOUNDATION IN NEW ORLEAN, LA. 11-29-04 THRU 12-5-04
	12.b. Amount. 3103.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ter parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing JACK O. EARLEY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any),	9. Business deals with:	
Name CHEPONTON DISTRICT CHARLIL OF KC+UIC. APPLONTICKSHIP TRAINING FUND	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 105 W. 12TH AVE.		
City N. KANSAS CITY State MO ZIP Code + 4 64/16		
State ZIF Code + 4 [64]		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDOS APPROLTICOSAIP	AND SOUKKRY MAR
Trade Name, if any:	TRAINING	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	2,255,100
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	TWO SHIRTS	
	Aua 2004	<u> </u>
	12.b. Amount.	49
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		7.7
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	The state of the s	
Street		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?	. ,	

Name of Person Fining JACK O. EARLEY	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name CRRPONTOCI DISTRICT COMMON OF K.C. + VIC. HEALTH / WELFARD FAND	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 3100 BROADWAY, S4175 805	
City Kansas CIT:	
State 70. ZIP Code + 4 64111	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ADMINATRATION OF HEALTH / WELFALT BENIFITS FOR UNION MEMBERS
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 34.303.380
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	AS FUND TRUSTER ATTERNOOD EDUCATIONAL
State ZIP Code + 4	SEMINAL BY INTORNATIONAL FOUNDATION
State ZIP Code + 4	SEMINAL BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO
State ZIP Code + 4	SEMWAR BY INTORNATIONAL FOUNDATION
State ZIP Code + 4	SCHWAR BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	SEMWAR BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO 4-23-04 THLU 4-29-04 12.b. Amount. 2780 Parts A and B above)
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	SEMWAR BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO 4-23-04 THLU 4-29-04 12.b. Amount. 2780 Parts A and B above)
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	SCHWAR BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO 4-23-04 THRU 4-25-04 12.b. Amount. 2780 To parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	SCHWAR BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO 4-23-04 THRU 4-25-04 12.b. Amount. 2780 To parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	SCHWAR BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO 4-23-04 THRU 4-25-04 12.b. Amount. 2780 To parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	SCHWAR BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO 4-23-04 THRU 4-25-04 12.b. Amount. 2780 To parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	SCHWAR BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO 4-23-04 THRU 4-25-04 12.b. Amount. 2780 To parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	SCHWAR BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO 4-23-04 THRU 4-25-04 12.b. Amount. 2780 To parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	SCHWAR BY INTORNATIONAL FOUNDATION DORADO, PUERTO RICO 4-23-04 THRU 4-25-04 12.b. Amount. 2780 To parts A and B above) or other thing of value.

Name of Person Filing JACK O. EARLEY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicated the property of t	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Commence BANK	9. Business deals with:
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 1000 WALNUT Oity Kansas CITY	
State ZIP Code + 4 L 4 / L 4 / L 4 / L 4 / L 4 / L 4 / L 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name CARPONIONS DISTRICT COMMON LOG KOLVE. Harport / Non Free Fand P.O. Box, Bldg., Room No., if any	INVESTMENT SORVICES
Street 3/00 BROKINGY, SUITE 805 City KANGO CITY	11.b. Approximate dollar value of such dealing. 32,763 12.a. Nature of interest held or income received.
State ZIP Code + 4 64111	A 390 NSOROD PINNER FOR TENSTOES AT ATTEMPOR EDUCATIONAL CONFIRMANCES ATTOMORD WITH WIFE NEW CRESSINS, LA. 12-1-04
	12.b. Amount. 186
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	
(including trade name, if any).	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
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